

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



April 10, 2012

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of The Watering Hole, 1550 South Coddington requesting a class C liquor license.

This request is due to ownership changes.

Bryan McFarland, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved liquor license manager

The required training was completed on September 8<sup>th</sup> 2011.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) THE WATERING HOLE WEST

Street Address #1 1550 S CODDINGTON

Street Address #2 SUITE P

City LINCOLN County LANCASTER Zip Code 68522

Premise Telephone number 402.477.2900

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name THE WATERING HOLE WEST

Street Address #1 762 W LAKESHORE COURT

Street Address #2 \_\_\_\_\_

City LINCOLN State NE Zip Code 68528

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

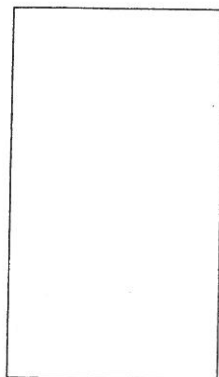
**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 60 feet

Width 30 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

ONE STORY BUILDING APPROXIMATELY 30' BY 60', AND SIDEWALK CAFÉ APPROXIMATELY 30' BY 12'



30'

A STREET



NORTH

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

# **APPLICANT INFORMATION**

## 1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Bryan McFarland				see attached

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CONTROL COMMISSION**

2. Are you buying the business of a current retail liquor license?

☒ YES ☐ NO

If yes, give name of business and liquor license number 70947

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☒ YES ☐ NO

If yes, give name and license number THE WATERING HOLE WEST 70947

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) seller carryback from current owner

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## LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

JAN 03 2012

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CONTROL COMMISSION**

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "\*\*\*END OF LISTING\*\*\*" does not appear at the bottom of this report, then this list is not complete.

FOR: BRYAN ANDREW MCFARLAND , Male, DOB:  
Date of listing: 12-15-2009

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Arrested 12-14-1996	for (M)3RD DEG ASSAULT	Case
Disposed 03-28-1997	as (M)DISTURBING THE PEACE	Cit#
<b>FOUND GUILTY</b>		
01 YRS PROB DISCHARGED OFF PROBATION 03-27-98		
Cited on 01-02-1995	for (M)ASSAULT, STRIKE OR CAUSE BODILY INJURY	Case
Disposed 04-19-1995	as (M)DISTURBING THE PEACE	Cit#
<b>FOUND GUILTY Fined \$100.00</b>		
Cited on 07-18-1992	for (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Case
Disposed 09-30-1992	as (M)CONSUME ALCOHOLIC LIQUOR IN PUBLIC	Cit#
<b>FOUND GUILTY Fined \$100.00</b>		
Arrested 08-23-1986	for (M)DRIVE DURING SUSPENSION - 1ST OFFENSE	Cas
Disposed 02-13-1987	as (M)DRIVE DURING SUSPENSION - 1ST OFFENSE	Cit#
<b>FOUND GUILTY Fined \$250.00 &amp; Sentenced 10 DAYS</b>		

Cited on 03-28-1986	for (M)UNLAWFUL TO MAKE FALSE STATEMENT TO OFFIC	Case
Disposed 05-09-1986	as (M)UNLAWFUL TO MAKE FALSE STATEMENT TO OFFIC	Cit#
FOUND GUILTY Fined \$100.00		

\*\*\* END OF LISTING \*\*\*

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Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: McFARLAND First Name: BRYAN MI: A

Home Address (include PO Box if applicable): 762 W Lakeshore Court

City: Lincoln County: Lancaster Zip Code: 68528

Home Phone Number: 402.261.8280 Business Phone Number: 402.438.3054

Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Oakland, CA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☐ NO

☒ LEGALLY SEPARATED

Spouse's information

Spouses Last Name: HOLDEN McFARLAND First Name: ANITA MI: K

Social Security Number: \_\_\_\_\_ Drivers License Number & State: NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Seattle, WA

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2003	now	Lincoln, NE	2011	now
Henderson, NV	2001	2003	Henderson, NV	2001	2011
			**Winter home in Arizona		

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In the United States, a person is considered  
 a child if he or she is under the age of 18.  
 In the United Kingdom, a person is considered  
 a child if he or she is under the age of 16.  
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 a child if he or she is under the age of 16.

PASSPORT  
PASSEPORT  
PASAPORTE

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte

P. USA

Surname / Nom / Apellidos

MC FARLAND

Given Names / Prénoms / Nombres

**BRYAN ANDREW**

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

CALIFORNIA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

14-Nov-2011

Date of expiration / Date d'expiration / Fecha de caducidad

13 Nov 2021

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

N

Authority / Autorité / Autoridad

United States

Department of State

USA

P<USAMC<FARLAND<<BRYAN<ANDREW<<<<<<<<<<<<<<<  
4853954743USA 4M2111131247726140<281620

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CONTROL COMMISSION

David Heineman, Governor

**NEBRASKA**  
OPERATORS LICENSE  
www.dmv.ne.gov  
USA NE

4d License No. 3 DOB 9a End NONE 12 Rest. NONE

15 Sex M 16 Hgt 601 18 Eyes BLU

1 BRYAN A MCFARLAND  
8 762 W LAKESHORE CT  
LINCOLN, NE 68528


5 DD 0540000027300000

4a ISS: 12-13-2010

4b EXP 9 Class O

17 Wgt 225 19 Hair BRO

DONOR





JAN 03 2012

*The Secretary of State of the United States of America  
hereby requests all whom it may concern to permit the citizen (national  
of the United States named herein to pass without delay or hindrance  
and in case of need to give all lawful aid and protection.*

*Le Secrétaire d'Etat des Etats-Unis d'Amérique*  
*prie par les présentes toutes autorités compétentes de laisser passer le citoyen*  
*ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni*  
*difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.*

*El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.*

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED



# UNITED STATES OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporte

Surname / Nom / Apellidos

**MC FARLAND**

Given names / Prénoms / Nombres

**ANITA KAY**

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

D. . . . . naissance / Fecha de nacimiento

Sex / Sexe / Sexo Place of birth / Lieu de naissance / Lugar de nacimiento

F

WASHINGTON, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

14 JUL 2006

Authority / Autorité / Autoridad

United States

Date of expiration / Date d'expiration / Fecha de caducidad

13 JUL 2016

Department of State

Amendments / Modifications / Enmiendas

**SEE PAGE 24**

P<USAMC<FARLAND<<ANITA<KAY<<<<<<<<<<<<<<<<<<

2187964773USA

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CONTROL COMMISSION

NEBRASKA OPERATORS LICENSE

www.dmv.ne.gov  
USA NE

4d License No. 3 DOB 9a End NONE 12 Rest. NONE 4b EXP 9 Class O

15 Sex F 16 Hgt 506 17 Wgt 125 18 Eyes BRO 19 Hair BRO

1 ANITA K HOLDEN MC FARLAND  
8 762 W LAKESHORE CT  
LINCOLN, NE 68528

5 DD0540009243100000

DAVE HEINEMAN, Governor

DMV Nebraska

APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Bryan McFarland

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
Mo Chara, LLC

LLC Address: 762 W Lakeshore Court

City: Lincoln State: NE Zip Code: 68528

LLC Phone Number: 402.419.4464 LLC Fax Number \_\_\_\_\_

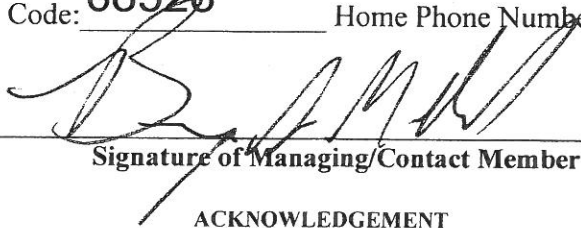
Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: McFarland First Name: Bryan MI: A

Home Address: 762 W Lakeshore Court City: Lincoln

State: NE Zip Code: 68528 Home Phone Number: 402.261.8280

  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

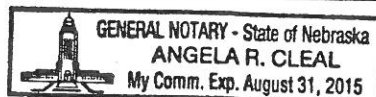
December 30 2011

by Bryan A. McFarland  
name of person acknowledge

Date

Angela K. Cleal

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: McFarland First Name: Bryan MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Legally Separated from Anita Holden McFarland

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership Bryan McFarland 100%

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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